## FORM 1

## Biosolids Land Application Local Monitoring Expenses REIMBURSEMENT INVOICE

Page 1 of 1

DEQ USE ONLY

Claim No: 20(2-0025 Activity Dates:

County:

Date Rec'd:

Evaluator: 1.1, Permit No: Approval

Complete and submit with all required supporting documentation to Department of Environmental Quality, ATTN: Accounts Payable, P.O. Box 1105, Richmond, Virginia 23218. Type or print legibly the required information in the applicable sections below. Refer to the Fees for Permits and Certificates regulation (9 VAC 25-20-149) for additional instructions on how to complete the form

	e or print legibly the required information in the applicable sections below. Rel ructions on how to complete the form.	or to the receipt and continue and continue to regulation (5 % to 20 20 740) for additional
Ti.	Claimant Information	
A.	Name of Local Government Official:	B. County:
	TRACY MGEE	Lunenburg
C.	Claimant Mailing Address:	D. City, State E. Zip Code
	Claimant Telephone No.  G. Claimant Fax No.  (434) 696-2142 (434) 69  Contact Person for Reimbursement J. Contact	D. City, State  E. Zip Code  Lunew burg Va 23952  H. Local Monitor Name
F.	Claimant Telephone No. G. Claimant Fax No.	D. H. Local Monitor Name
( (	434) 696-2142 (434) 69	6-1798 MANUEL Toombs
I.	Contact Person for Reimbursement J. Contact	Person Telephone No. K. Contact Person Fax No.
	NAde BARTlett 1434	1392-1258 (434)392-6683
11.	Monitoring Activity Information (Attach additional separate sh	eets if necessary)
A.	DEQ Permit No. and Site Identification	B. Farm(er) and Site Location
C.	Type of Monitoring Activity and Dates 3-1 Thra 3-	
Ε.	Record Keeping Sampling and Testing Information	1.5@24.00 = 36.00   30@.50 = 15.00   F. Name and location of Lab used   G. Total/Lab Charges
<b>C</b> .	Sampling and Testing mornation	F. Name and location of Lab used G. Total Lab Charges
111.	Multiple Owner Information ( For Local Monitor employed by	multiple jurisdictions)
Are t	the expenses listed above part of a multiple owner payment submission	7
	Yes No	
	<del>-</del>	
	you answered "Yes" to the above question, you are required to subr	nit this invoice with the multiple owner payment Form 2.
IV.	Responsible Official Statement (Please sign name): Man	we Souch
A.	Were the listed expenses incurred during the dates included in Part II	.C of this form?
	∑ Yes	22
	If you answered "No", please attach the necessary documenta	tion to explain the discrepancy.
V.	Statement Of Costs	
		APR 24 7000
A.	Are all expenses listed in this invoice complete at the date of this invo	ice? C. Total costs claimed for reinbursement in this invoice
	Yes  No	$\lambda$
B.	Will additional reimbursement costs incurred for monitoring activiti site(s) listed above be submitted?	ies at the \$ 51.00
		(march)
	∐ Yes X No	(11/101-11)
	∐ Yes ဩ No	(mar 41)
VI.	County Administrator Certification (Please print name):	(marti)
VI. The	County Administrator Certification (Please print name):	
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The perf	County Administrator Certification (Please print name):  e following signature attests that the monitoring formed in accordance with the provisions of the mits and Certificates regulation (9 VAC 25-20):	g activities for which reimbursement is sought have been by VPA Permit Regulation (9 VAC 25-32) and the Fees for

## Biosolids Land Application Local Monitoring Activity Details

County:
County Monitor:
Staff Labor per hour:
Mileage Rate per mile:

Lunenburg
Manuel Toombs
\$24.00
\$0.50
Maximum Rate is \$0.55/mile

Enter data in YELLOW cells
BLUE cells compute automatically

Activity Codes: Administrative Complaint Inspection Meeting Sampling Training

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Prepare Monthly Report			\$12.00				0.5	Α	3/1/2012
DESCRIPTION	m	Subtotal	70	Number	Site Identification	Miles	Hours	Code	Date
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